

Medicaid Advisory Council (MAC)
Meeting Agenda

Henry McMaster GOVERNOR
Eunice Medina DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

Agenda

Date: Feb. 10, 2026

Time: 10 a.m.-12 p.m.

Location: Microsoft Teams

Topic	Presenter
1. Director's Welcome	Eunice Medina, Director
2. MAC Member Updates	Shadda Winterhalter, Strategic Initiatives Specialist
3. MAC Member Disclosure of Conflict of Interest	
4. Medicaid Enrollment	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts
5. Advisement: HCBS Waiver Renewal	
6. Policy Updates	Margaret Alewine, Bureau Chief, Policy
Closing Comments	
Adjournment	

Medicaid Advisory Council
Nov. 4, 2025, Meeting Minutes

Present

Robert Bank
Steve Boucher
Maggie Cash
Amy Holbert
Constance Holloway
Melanie Matney
JT McLawhorn
Raymond Tiller
Vicki Young

Not Present

Graham Adams
Sue Berkowitz
Anna Maria Conner
Steven Ferrufino
Dr. Thompson Gailey
Chief Brian Harris

Director's Welcome

SCDHHS Director Eunice Medina welcomed the Medicaid Advisory Council (MAC). She stated one of the priorities the agency is working on is implementing an updated payment methodology and rates for state-owned governmental psychiatric residential treatment facilities (PRTFs) from funding received in July 2025.

MAC Member Updates

Strategic Initiatives Specialist Shadda Winterhalter provided an update on MAC membership. She also reminded attendees to disclose if they have a conflict of interest before they participate in a meeting discussion, per federal requirements.

There were no questions or comments.

Medicaid Enrollment

Eligibility, Enrollment and Member Services Chief of Policy and Contracts Lori Risk stated the agency is in normal operations and provided an update on South Carolina Healthy Connections Medicaid's enrollment.

The following question was provided.

1. Is the full-benefit enrollment increasing, decreasing or staying the same over the last few months?



- a. The agency stated it has seen some decrease over the last few months, but there doesn't appear to be anything unusual. South Carolina Healthy Connections Medicaid enrollment remains between 1 and 1.1 million, which is about the state's historic average, with the exception of the COVID-19 public health emergency and unwinding period.

Advisements and Updates

Advisement: FFY 2026 DSH Payments and Swing Bed Hospital and Administrative Day Rates

Chief of Reimbursements Nika Simmons provided an overview of the advisement.

There were no questions or comments.

Advisement: Speech-Language Therapy Rates

Chief of Policy Margaret Alewine provided an overview of the advisement.

The following question was provided.

1. Does this also impact children in BabyNet receiving speech therapy?
 - a. The agency responded these updates impact our Medicaid-covered services. The agency will provide further information and training sessions that will detail delivery of Medicaid-covered speech therapy services, BabyNet-covered services and those provided in a school-based setting.

Advisement: Sunset of Expiration Date for Medication-assisted Treatment for Opioid Use Disorder

Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Advisement: State-owned Governmental PRTF Rate

Margaret Alewine provided an overview of the advisement.

The following questions were provided.

1. Is admission to state-owned PRTFs limited to South Carolina residents involved with the South Carolina Department of Juvenile Justice (DJJ) system?

The agency stated this program was designed to help DJJ-involved youth who are also at risk of placement after discharge. The agency anticipates most of those who receive services at this PRTF will be youth who are committed to DJJ and meet criteria for a diagnosable serious mental illness. The Office of Mental Health will be the entity that adjudicates the youth who will be referred to this PRTF.
2. What is capacity of the PRTF that will open next year?
 - a. The agency responded it will be a phased opening. When all are up and running the agency anticipates there will be separate units that include a total of 26 beds.
3. Can you clarify the number of beds in the PRTF?
 - a. The agency responded that when all are up and running, it anticipates a total of 26 beds.

Advisement: Personal Needs Allowance

Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Advisement: HCBS Waiver Amendment

Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Advisement: 340B Drug Program FFS Billing

Margaret Alewine provided an overview of the advisement.

The following questions were provided.

1. Is this for fee-for-service (FFS) Medicaid only or managed care organizations (MCOs) as well?
 - a. The agency stated the policy change will be added to the agency's provider manuals and will be applicable for FFS program services. The agency anticipates MCOs will need to have the capability to accept the modifier to appropriately identify the physician-administered drugs that were purchased through the 340B program too.
2. What is the issue being addressed with the 340B policy update?
 - a. The agency responded it has identified the need to have a clearer policy and process through claims submission to ensure its claims system can identify physician-administered drugs purchased through the 340B program. This modifier is also used through Medicare reimbursement to identify drugs purchased through 340B. Additional information and training will be provided to ensure providers have a full understanding of this change.

Advisement: Update to Revised Fee Schedules and Updates for RBHS and LIP Providers

Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Policy Updates

Margaret Alewine provided an update on Healthy Connections Medicaid service and policy changes.

There was one shared comment.

1. Thank you. OT/PT/SLP appreciates the willingness of the agency to work with the state associations. We look forward to working with you in any way we can prior to implementation of changes that will impact our providers.

Closing

The meeting was closed by thanking attendees for their participation. The next MAC meeting will be held Feb. 10, 2026.

Thank you for participating in the
Medicaid Advisory Council.

The meeting will begin shortly.



Medicaid Advisory Council (MAC)

Feb. 10, 2026

**The meeting will begin shortly.
Microphones are muted.
All cell phones are silenced.**

**Thank you for participating in the
MAC meeting.**

Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- MAC members are welcome to comment or ask questions throughout the meeting.
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods using the chat feature in Teams.



Director's Welcome

Eunice Medina, Director

Rural Health Transformation Program Webpage

www.scdhhs.gov/rhtp

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections MEDICAID

MEMBERS PROVIDERS PARTNERS APPLY FOR MEDICAID

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Grants

Grant Opportunities

- Rural Health Transformation Program (RHTP) +
- Rural & Medically Underserved Area Grant +
- Behavioral Health Crisis Stabilization Services Grant +

RESOURCES

- Contract Library +
- Notification Forms
- Programs and Initiatives +
- BabyNet (IDEA Part C)
- Appendix K Amendment



Questions can be submitted to grants@scdhhs.gov

Managed Care Carve-in Webpage

www.scdhhs.gov/carvein



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Managed Care Carve-in

Effective Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) added some Healthy Connections Medicaid members to the managed care service delivery model. This included Medicaid members who are 18 years of age or older:

- Medicaid members who are dually enrolled in Medicare and Medicaid;

PARTNERS

Committees and Groups

Reports and Statistics

+

Managed Care

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SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



Continuity of Care Period

- The MCOs are responsible for a 180-day continuity of care period for newly enrolled MCO members. It is important that providers continue to deliver authorized services. During this continuity of care period, MCOs are required to:
 - Honor all previous prior authorizations without requiring additional authorization from providers; and
 - Pay previously authorized services at 100% of the applicable Medicaid FFS rate, unless a contractually negotiated rate exists, regardless of whether the provider is in-network with the MCO.
- Once the continuity of care period is over, providers must be enrolled with the MCO in which the Healthy Connections Medicaid member is enrolled.



MAC Member Updates

Shadda Winterhalter, Strategic Initiatives Specialist

MAC Member Updates

- New members
 - Shannon Chambers, South Carolina Office of Rural Health
 - Dr. Kacey Eichelberger, Prisma Health
 - Amanda Hiers, South Carolina Hospital Association
 - Rickie Shearer, South Carolina Health Care Association

Member Disclosure of Conflict of Interest

MAC members who wish to speak on a topic in which they have a conflict of interest must disclose the conflict before participating in the discussion.



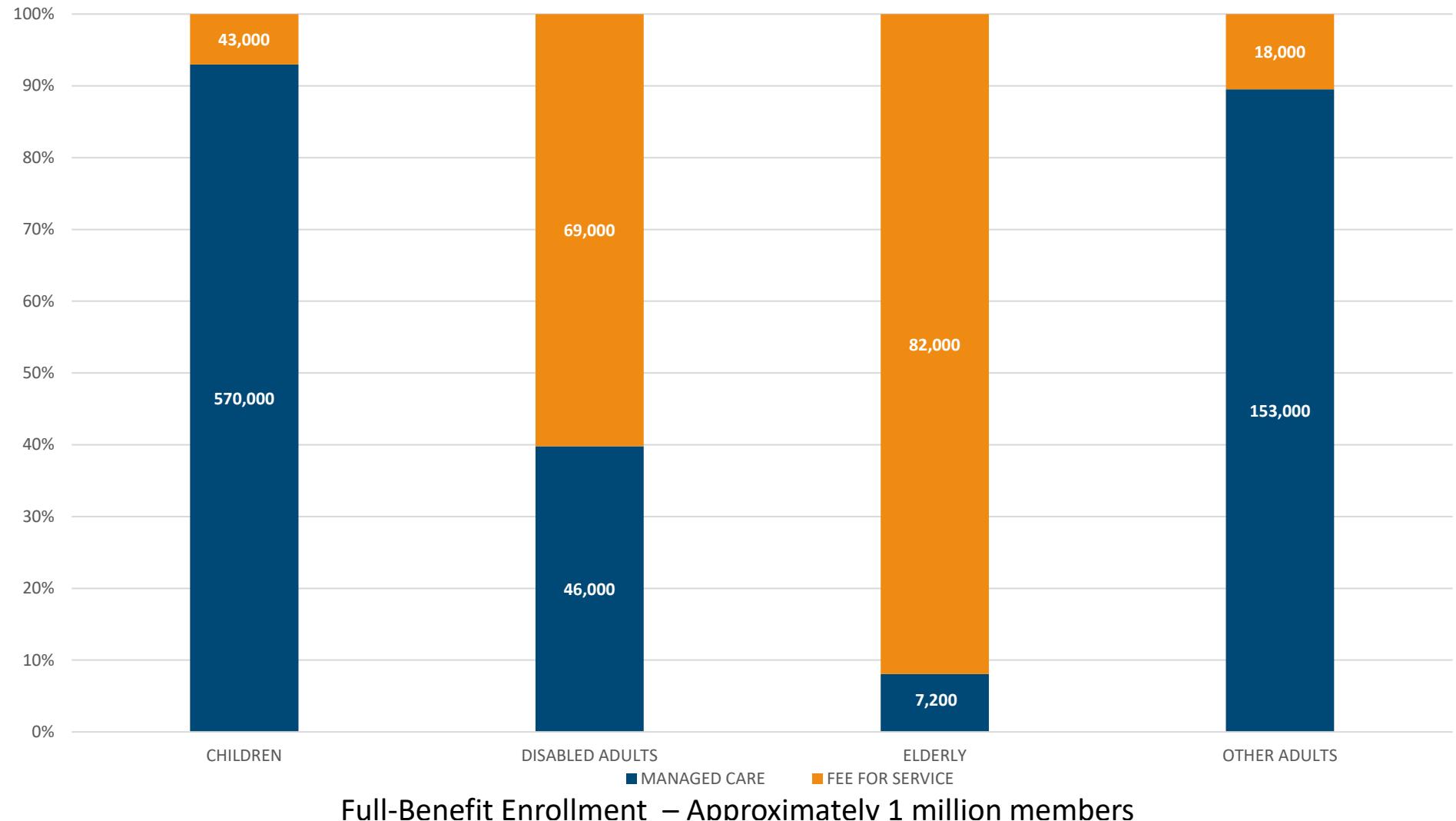
Medicaid Enrollment

Lori Risk, Bureau Chief

Eligibility, Enrollment and Member Services Policy and Contracts

Full-benefit Membership by Population

(as of Nov. 30, 2025)



2026 Federal Poverty Level (FPL) Standards

- As required by Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)), the Department of Health and Human Services (HHS) updates the poverty guidelines at least annually and by law these updates are applied to eligibility criteria for programs such as Medicaid and the Children's Health Insurance Program (CHIP).
- FPL standards are typically updated each year, effective March 1.
- Updated income limits to reflect these changes will be available on the agency website, www.scdhhs.gov.



Advisement: Home and Community-based Services (HCBS) Waiver Renewals

Margaret Alewine, Chief of Policy

Background

- The South Carolina Department of Health and Human Services (SCDHHS) will submit waiver renewal requests to the Center for Medicare and Medicaid Services (CMS) for the following 1915(c) HCBS waivers:
 - SC.0405 Community Choices waiver
 - SC.0186 HIV/AIDS waiver

Waiver Overview

- The Community Choices waiver serves the frail, elderly age 65 and older; and Medicaid members ages 18 to 64 with physical disabilities. Eligible persons must meet a nursing facility level of care.
- The HIV/AIDS waiver serves Medicaid members of all ages with a diagnosis of HIV or AIDS. Eligible persons must meet at-risk of hospitalization level of care.

Waiver Services Comparison

Services	Community Choices	HIV/AIDS
Adult Attendant Care Services	✓	✓
Adult Companion Services	✓	✓
Adult Day Health Care	✓	
Adult Day Health Care Nursing	✓	
Environmental Modifications	✓	✓
Home Delivered Meals	✓	✓
Nursing Services		✓
Personal Care	✓	✓
Personal Emergency Response System	✓	
Pest Control Treatment	✓	✓
Residential Personal Care	✓	
Respite	✓	
Specialized Medical Equipment and Supplies	✓	✓
Telemonitoring	✓	
Waiver Case Management	✓	✓

Proposed Changes

- Evaluate service definitions and utilization to ensure service array meets the needs of waiver populations
- Update level of care
- Updates to participant access and eligibility sections
 - Number served and reserved capacity

Proposed Changes (*cont.*)

- Revise waiver performance measures and quality improvement strategy
- Update financial accountability/rates, billing and claims sections
- Update cost neutrality demonstration

Budget Impact and Effective Date

Budgetary Impact:

- In its application, and each year during the period that the waiver is in operation, the state must demonstrate that the waiver is cost neutral.
- The average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid State Plan) services to persons who require the same level of care.

Effective Date:

- On or after July 1, 2026, or upon CMS approval

Public Comment

MAC members and all other attendees who wish to comment, please use the chat feature now.



Policy Updates

Margaret Alewine, Chief of Policy

Policy Updates Effective Jan. 1, 2026

- SCDHHS recently announced the launch of a Medication Assistant Training Program (MATP).
 - This certification program is designed to train unlicensed healthcare personnel (non-nursing staff) to safely administer selected medications in licensed skilled nursing facilities under the supervision of a registered nurse.
 - SCDHHS has begun accepting applications from organizations who are interested in enrolling in MATP.
- SCDHHS updated the Dental Services Provider Manual.
 - These changes were made to comply with the 2026 American Dental Association Current Dental Terminology (CDT)* code updates received from the CMS in December 2025.

**Current Dental Terminology © 2025 American Dental Association. All rights reserved*

Policy Updates Effective Jan. 1, 2026 (cont.)

- SCDHHS updated certain State Plan audiology services rendered by audiologists; local education agencies; and Individuals with Disabilities Education Act Part C, commonly known as BabyNet, providers.
 - The changes were made to comply with the 2026 American Medical Association (AMA), Current Procedural Terminology (CPT®)* code updates received from CMS in December 2025.

**Current Procedural Terminology (CPT®) 2025 American Medical Association. All rights reserved*

Policy Updates Effective Feb. 1, 2026

- Effective Feb. 1, 2026, SCDHHS updated policies and screening forms for preadmission screening resident review (PASRR) in the Nursing Facility Services and Hospital Services provider manuals
- PASRR is Part of the Omnibus Budget Reconciliation Act of 1987 which introduced a comprehensive set of regulations to elevate the quality of care and life for residents in long-term care facilities which receive Medicare or Medicaid funding.
- The act included preadmission screening and annual resident reviews to prevent the inappropriate placement of mentally ill individuals into nursing homes.
- It governs the state's responsibility for PASRR of individuals with mental illness, intellectual disability or a related condition.
- This screening tool is used to identify individuals who may have a serious mental illness or intellectual disability and ensures individuals who are identified as having a serious mental illness, intellectual disability or related condition are placed appropriately and are able to receive specialized services recommended or needed as deemed by the state authority.

Policy Updates Effective Feb. 1, 2026 (cont.)

- The memorandum of agreement (MOA) previously required to complete the PASRR Level I Screening form is no longer be required for nursing facilities and hospitals effective for dates of service on and after Feb. 1, 2026. All responsibilities, expectations and procedural guidance previously outlined in the MOA have been fully integrated into the Nursing Facility Services and Hospital Services provider manuals. This will ensure a single, centralized location for all operational and compliance-related information.
- Additionally, SCDHHS has updated its PASRR Level I Screening form to improve clarity and ensure compliance with current federal and state requirements.

